#### POLITICAL COMMITTEE

CITY OF CASA GRANDE

### CAMPAIGN FINANCE REPORT

2016 August/November Regular Election

| 1.<br>2. | Huddleston for Council  Full Name of Committee  427 E. Atlantic Se.  Address  CASA GRANDE 85122 PINAL 52056De  Gily ZIP Code County Phone   |                                       | OFFICE                                 |
|----------|---|---------------------------------------|--|
|          | Sponsoring Organization or Candidate and office  Robert Huddleston City Counce  Name of Candidate and Office Sought (if applicable)  [Huddleston 2013 (29mAil. Com  E-Mail Address Fart | mc-11                                 | 0-4                                    |
| 4. F     | REPORTING PERIOD (Please check appropriate box)   |                                       | DUE BETWEEN                            |
|          | January 31 Report - For Period of 3/1/2013 *thru December 31, 2015  | · · · · · · · · · · · · · · · · · · · | January 1, 2016 and February 1, 20     |
|          | X June 30 Report - For Period of January 1, 2016 thru May 31, 2016  | ·····                                 | June 1, 2016 and June 30, 20           |
|          | Pre-Primary Election Report - For Period of June 1, 2016 thru August 18, 2016   |                                       | August 19, 2016 and August 26, 201     |
|          | Post-Primary Election Report - For Period of August 19, 2016 thru September 19  | 9, 2016 Sep                           | tember 20, 2016 and September 29, 201  |
|          | Pre-General Election Report - For Period of September 20, 2016 thru October 2   | 7, 2016                               | October 28, 2016 and November 4, 201   |
|          | Post-General Election Report - For Period of October 28, 2016 thru November 2   | :8, 2016 N                            | ovember 29, 2016 and December 8, 201   |
|          | **January 31, Report - For Period of November 29, 2016 thru December 31, 2017   |                                       | January 1, 2018 and January 31, 201    |
| 5.       | SUMMARY   | Column A Total This Reporting Period  | Column B Election Period Total To Date |
| 5a       | Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)   |                                       | 0                                      |
| 5b       | Cash on Hand at the Beginning of this Reporting Period  | 0                                     | 77.                                    |
| 5c       | Total Receipts (from corresponding columns on Detailed  | 2650,00                               | 2650,00                                |

Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)

Subtotal [add Lines b and c for Column A and add lines

Summary Page, Line 8)

a and c for Column B]

Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]

\*Insert date which is 21 days after date of last election (A.R.S. §16-913).

Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other

2577.27

72.73

2577,27

72.73

FOR OFFICE USE ONLY

CITY CLERK'S

<sup>\*\*</sup>Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

DETAILED SUMMARY PAGE Page 2 OF RECEIPTS AND DISBURSEMENTS 2. ID# 1. Committee Name: HuddlesTON fol Canci MC-16-4 3. Report covering period from 1 - 1 RECEIPTS COLUMN A COLUMN B THIS PERIOD CAMPAIGN TO DATE 4. Contributions other than loans and in-kind: (a) Individuals - more than \$50 (Total from Schedule A) (b) Individuals - aggregate \$50 or less (Total from Schedule A-1) (c) Political Committees (Total from Schedule B) (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)] (e) Refund of contributions (Total from Schedule F-2) (f) Total Contributions Other than Loans and in-kind [subtract 4(e) from 4(d)] 600.00 600,00 5. (a) Loans made or guaranteed by candidate (Total from Schedule C) (b) All other loans (Total from Schedule C-1) (c) Total Loans [add 5(a) and 5(b)] 6. In-kind contributions (Total from Schedule E) 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1) 8. Total Receipts [add 4(f), 5(c), 6, and 7] 2650,00 DISBURSEMENTS 2577.27 9. Expenditures for operating expenses (Total from Schedule D) 10. Independent Expenditures (Total from Schedule D-1) 11. Value of In-kind expenditures (Total from Schedule E) 12. Loans made by reporting committee (Total from Schedule D-2) 13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4) (b) Repayment of all other loans (Total from Schedule D-5) (c) Total Loan Repayments [add 13(a) and 13(b)] 14. Transfers to other political committees (Total from Schedule D-6) 15. Any other disbursement (Total from Schedule D-7) 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15] 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3) 2577.27 18. Total disbursements [subtract line 17 from line 16] 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3) 20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and

6-27-16

# CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

| 2. ID#  | _ |
|---------|---|
| mc-16-4 |   |

\_thru\_\_\_\_·

| 1. Committee Name_thuddles7001 | FOR COUNCIL |  |
|--------------------------------|-------------|--|
| 3. Report covering period from |             |  |

|    | 4         | CONTRIBUTIONS  | 2/22             | <del></del>                |                          |
|----|-----------|--|------------------|----------------------------|--------------------------|
|    |           | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR  | DATE<br>RECEIVED | AMOUNT<br>RECEIVED<br>THIS | CUMULATIVE<br>TOTAL THIS |
|    | 4a.       | LAST FIRST   |                  | PERIOD                     | CAMPAIGN<br>TO DATE      |
|    |           | Keck Mike  | _                |                            |                          |
|    |           | 209 W. CARIBBEAN DR.   |                  |                            |                          |
|    |           | CASA GRANCE AZ 85122   |                  |                            |                          |
|    |           | Investigator EMPLOYER County   | 409-16           | 250,00                     | 250,00                   |
|    |           | Bolt Arigela MI  |                  |                            | 1000                     |
|    |           | STREET ADDRESS   |                  |                            |                          |
|    |           | CASA GRANGE AZ 85122   | -                |                            | ,                        |
|    | f         | OCCUPATION LEMPLOYER SS122   | -                | 2000                       |                          |
| G. | $\dagger$ | LAST   | 4-14-16          | 200,00                     | 200,00                   |
|    | -         | BRUCE ROSA & Charles   |                  |                            |                          |
|    |           | 1027 N. Gilbert Ave  | ]                |                            |                          |
|    |           | CASA GRANGE AZ 85/22   | 1                |                            |                          |
|    | C         | COCUPATION EMPLOYER EMPLOYER   | 4-18-16          | 250,00                     | 250,00                   |
| d. | -         | HORN KENT & Christian  | 1 145            |                            | 2307                     |
|    | s         | TREET ADDRESS<br>1.0. Box 11994  |                  | -                          |                          |
|    |           | CASA GRANDE AZ 85122   |                  |                            |                          |
|    | 00        | CCUPATION EMPLOYER CITY of Cla   | 4-18-16          | (0.00                      | (500                     |
| е. | LA        | ST FIRST MI  | 11010            | 50.00                      | 50,00                    |
| ŀ  | ST        | REET ADDRESS P. J. White Wing DR.  |                  |                            |                          |
| -  | CIT       | TY STATE ZIP   |                  |                            |                          |
| ŀ  | <u>С</u>  | CONTATION EMPLOYER   |                  |                            |                          |
| 5. | ENT       | Tottee City Cla  | 4-24-16          | 100,00                     | 100.00                   |
|    | Sun       | TER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed minary Page Line 4(z), Column A] |                  |                            |                          |

# CONTRIBUTIONS more than \$50 - from INDIVIDUALS\*

SCHEDULE A

mc-16-4

| 1. Committee Name_thuddlesToni | for Council |  |
|--------------------------------|-------------|--|
| 3. Report covering period from |             |  |

| 4                | CONTRIBUTIONS   | 1                | <del></del>                |                                    |  |
|------------------|---|------------------|----------------------------|------------------------------------|--|
|                  | NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR   | DATE<br>RECEIVED | AMOUNT<br>RECEIVED<br>THIS | CUMULATIV<br>TOTAL THE<br>CAMPAIGN |  |
| 4 <del>a</del> . | BRANCH AM JOE & JAMI  STREET ADDRESS P.O. BOX 12004  CITY  STATE  ZIP   |                  | PERIOD                     | TO DATE                            |  |
| ).               | OCCUPATION Self EMPLOYER BRANDAM ExterMINAT   | 5-11-16          | 100,00                     | 100,00                             |  |
|                  | Beatty Timothy  STREET ADDRESS P.D. BOX 11974  CITY Chandler Az 85248   |                  |                            |                                    |  |
|                  | OCCUPATION EMPLOYER  LAST FIRST MI  | 6-3-16           | 100.00                     | 100,00                             |  |
|                  | STREET ADDRESS  CITY STATE ZIP  | j                |                            |                                    |  |
| 1                | OCCUPATION EMPLOYER   |                  |                            |                                    |  |
| L                | LAST FIRST MI<br>STREET ADDRESS   |                  |                            |                                    |  |
| L                | CITY STATE ZIP  CCCUPATION EMPLOYER   |                  |                            |                                    |  |
|                  | AST FIRST MI  |                  |                            |                                    |  |
|                  | TREET ADDRESS   |                  | ļ                          |                                    |  |
|                  | CCUPATION EMPLOYER  |                  |                            |                                    |  |
| Ę!               | NTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Immary Page Line 4(z), Column A] |                  | 1050,00                    |                                    |  |

|     | CANDIDATE LOANS   |                  | SCHEDULEC          |   |
|-----|---|------------------|--------------------|---|
| 1.  | Committee Name  | v **             | 2. ID#             |   |
|     | Huddleston for Council  |                  | mc-16-             | 4   |
| 3.  | Report covering period from 1-1-16 thru   | 5-31-16          | <b>&gt;</b>        |   |
| 4.  | LOANS MADE OR GUARANTEED BY CANDIDATE  NAME AND ADDRESS FROM WHOM RECEIVED  | DATE<br>RECEIVED | AMOUNT<br>RECEIVED | CUMULATIVE<br>TOTAL THIS<br>CAMPAIGN<br>TO DATE |
| 4a. | NAME, ADDRESS, CITY, STATE, AND ZIP BOS & DORIA HUSALOSTON  | 4-10-16          | 1600,00            | 1600,00   |
|     | 427 E. Atlantic DR. CG AZ 8512Z   |                  |                    |   |
| i   | DESCRIPTION DERSONAL LOAM   |                  |                    |   |
| b.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                  |                    |   |
|     |   |                  |                    |   |
|     | DESCRIPTION   |                  |                    |   |
| C.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                  |                    |   |
|     |   |                  |                    |   |
|     | DESCRIPTION   |                  |                    |   |
| d.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                  |                    |   |
|     |   |                  |                    |   |
|     | DESCRIPTION   |                  |                    |   |
| е.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                  |                    |   |
|     |   |                  |                    |   |
|     | DESCRIPTION   |                  |                    |   |
| f.  | NAME, ADDRESS, CITY, STATE, AND ZIP   |                  |                    | <u></u>   |
| +   | ,   |                  |                    |   |
|     | DESCRIPTION   |                  |                    |   |
| j.  | ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAG<br>[If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), C | SE OF SCHEDULE C |                    |   |

#### **EXPENDITURES FOR OPERATING EXPENSES\***

SCHEDULE D

2.10# MC-16-4

1. Committee Name Huddles Tox for Council

5-31-16 3. Report covering period from **EXPENDITURES** AMOUNT OF DATE THE EXPENDITURE **EXPENDITURE** NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE MADE NAME, ADDRESS, CITY, STATE AND ZIP LOWFS 1436 E. Florence Blvd. CASA GRANDE AZ 8 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED 4-9-16 212,47 FENCE POSTS NAME, ADDRESS, CITY, STATE AND ZIP SAME CLUB 2425 E. FLORENCE Blud. CASA GRANGE AZ 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED 6,50 4-9-16 NAME, ADDRESS, CITY, STATE AND ZIP OFFICE MAY 1346 E. Florence Blud, #2 CASA GRANCE 85122 4.00 4-9-16 NAME, ADDRESS, CITY, STATE AND ZIP USPS 1670 N. PINAL AVE CASA GRANCE 85122 DESCRIPTION OF ITEMS OR SERVICES PURCHASED 4-9-16 19.60 STAMDS NAME, ADDRESS, CITY, STATE AND ZIP Cefalu Photography 602 W. PANTERA TVE. DESCRIPTION OF ITEMS OR SERVICES PURCHASED HOUSINESS CARDS 4-13-16 259,98 NAME, ADDRESS, GITY, STATE AND ZIP SUPPLY CHEEKS Supply geeks, Com

ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]

DESCRIPTION OF ITEMS OR SERVICES PURCHASED

4-18-16 31-71

<sup>\*</sup>Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

### EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

2. ID# MC-16-4

1. Committee Name HoddlesTON for Council
3. Report covering period from 1-1-16

| _   | 3. Report covering period from 1-7-16 thru 7-51-1  | B                   |                                       |
|-----|--|---------------------|---------------------------------------|
| 4   | EXPENDITURES   | DATE                | AMOUNT OF                             |
|     | NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE   | EXPENDITURE<br>MADE | THE<br>EXPENDITURE                    |
| 4a. | NAME, ADDRESS, CITY, STATE AND ZIP<br>TSI EVEN. PS<br>8350 S. KYRENE Rd. #104<br>TEMPE 12 85284  |                     |                                       |
|     | DESCRIPTION OF ITEMS OR SERVICES PURCHASED  5/9//5   | 5/9-16              | 1250,00                               |
| 4b. | NAME, ADDRESS, CITY, STATE AND ZIP<br>PINAL COUNTY<br>P.O. BUX 848<br>PLORENCE, 142 85132  |                     |                                       |
| _   | DESCRIPTION OF TEMS OR SERVICES PURCHASED  PUBLIC RECORDS  | 5-26-16             | 221,14                                |
| 40. | NAME, ADDRESS, CITY, STATE AND ZIP  OFFICE DEPOT  1346 E. FIORENCE Blud #2  CASA GRANDE HZ 85122  DESCRIPTION OF ITEMS OR SERVICES PURCHASED |                     |                                       |
| _   | Coples   | 4-20-16             | 26,04                                 |
| 4d. | NAME, ADDRESS, CITY, STATE AND ZIP Felleds Pioi Box 875640   |                     |                                       |
|     | KANSAS City MO, 64(87  DESCRIPTION OF ITEMS OR SERVICES PURCHASED  STEP STAKE FOR YALD SIGNS   | 5-14-16             | 59.42                                 |
| 49. | NAME, ADDRESS, CITY, STATE AND ZIP<br>VISTA PRIME  |                     |                                       |
|     | VISTA PRINCT. COM  DESCRIPTION OF ITEMS OR SERVICES PURCHASED  Hdd RESS / Abe/s  | 4-21-16             | 43,98                                 |
| 4f. | NAME, ADDRESS, CITY, STATE AND ZIP<br>VISTA PRIACT   |                     |                                       |
|     | DESCRIPTION OF ITEMS OR SERVICES PURCHASED  (ADE/S   | 5-10-16             | 79.98                                 |
| 5   | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]             |                     | · · · · · · · · · · · · · · · · · · · |

<sup>\*</sup>Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

## EXPENDITURES FOR OPERATING EXPENSES\*

SCHEDULE D

| 2. ID#  |
|---------|
| MC-16-4 |

1. Committee Name Huddles TON FOR COUNCIL

3. Report covering period from 1-1-16 5-21-16

|     | 3. Report covering period from 1-1-16 thru 5-31-   | 16                  |                  |
|-----|--|---------------------|------------------|
| 4   | EXPENDITURES   | DATE<br>EXPENDITURE | AMOUNT OF<br>THE |
| 4a. | NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE  NAME, ADDRESS, CITY, STATE AND ZIP  VISTA PRIME                    | MADE                | EXPENDITURE      |
|     | VISTA PRINT, COM   |                     |                  |
|     | DESCRIPTION OF ITEMS OR SERVICES PURCHASED  Web Site (Abels  | 5-12-16             | (11.98           |
| 4b. | NAME, ADDRESS, GITY, STATE AND ZIP   |                     |                  |
|     | DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                     |                  |
| ļ   | DOOR HANGERS   | 5-18-16             | 250.47           |
| 4c. | NAME, ADDRESS, CITY, STATE AND ZIP   |                     |                  |
|     |  |                     |                  |
|     | DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                     |                  |
| 4đ. | NAME, ADDRESS, CITY, STATE AND ZIP   |                     |                  |
|     | DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                     |                  |
|     | SECONI HONO OF SERVICES PURCHASED  |                     |                  |
| 4e. | NAME, ADDRESS, CITY, STATE AND ZIP   |                     |                  |
|     |  |                     |                  |
|     | DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                     |                  |
| 4f. | NAME, ADDRESS, CITY, STATE AND ZIP   |                     | <del></del>      |
|     |  |                     |                  |
|     | DESCRIPTION OF ITEMS OR SERVICES PURCHASED   |                     |                  |
| 5   | ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A] |                     | 2571.27          |

<sup>\*</sup>Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit